



**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES**  
**APPLICATION FOR - VIRGINIA GRAEME BAKER ACT**  
**REQUIRED UPGRADES**

Office of Pollution Control -15 Horseblock Place - Farmingville, NY 11738

<b>Facility Code</b>					<b>Type of Pool</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor				
5	1				<input type="checkbox"/> Main Pool	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Other _____	

Pool Facility Name	Physical Address	Community	State	Zip
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Contact Name	Phone Number	Email Address
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A licensed engineer or architect is not required for initial application but may later be required by the Department

Engineer's Name	Mailing Address	Community	State	Zip
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Phone Number	Fax Number	Email Address
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Pool Information - submit a separate form for each pool

Dimensions of Pool \_\_\_\_\_ft X \_\_\_\_\_ft      Minimum Depth \_\_\_\_\_ft      Maximum Depth \_\_\_\_\_ft

(For Non Rectangular Shaped Pool Provide Diagram)

Pool has Gutters ☐    Pool has Skimmers ☐    Number of Skimmers \_\_\_\_\_

Number of Main Drains In Pool \_\_\_\_\_    Dimensions of Drain Covers \_\_\_\_\_in X \_\_\_\_\_in    or Diameter \_\_\_\_\_in

Separation Distance Between Main Drains \_\_\_\_\_ft      Is this a Gravity Drain System?    ☐ Yes ☐ No

Distance Between Suction Pipe and Drain Cover \_\_\_\_\_in      Diameter of Suction Pipes \_\_\_\_\_in

Pump Manufacturer \_\_\_\_\_    Model No. \_\_\_\_\_    Horse Power \_\_\_\_\_

Design Flow of System (if known) \_\_\_\_\_gpm    Flow Rate as Observed at System Flow Meter \_\_\_\_\_gpm

**ANSI/ASME A112.19.8-2007 Certified Main Drain Cover To Be Installed**

Manufacturer \_\_\_\_\_    Model Number \_\_\_\_\_

Actual Open Area of Drain Cover Listed in Manufacturers Specifications \_\_\_\_\_sq in

Distance Between Suction Pipe and Drain Cover Required by Manufacturer \_\_\_\_\_

Skimmer Equalizer Line Cover Manufacturer \_\_\_\_\_    Model No. \_\_\_\_\_

Safety Vacuum Release System Manufacturer \_\_\_\_\_    Model No. \_\_\_\_\_

**YOU MUST SUBMIT MANUFACTURERS SPECIFICATION SHEETS FOR ALL LISTED ITEMS**

**A certificate of electrical compliance must be submitted for all completed electrical work.**

This form can be used for installation of the above items only. Any physical changes to the piping, pool shell, main drain sumps, or filter system require a CERTIFICATE OF APPROVAL OF PLANS FOR THE CONSTRUCTION OR RENOVATION OF A SWIMMING POOL(S) from the Department of Health Services before any renovations are made.

I Certify that all information supplied hereon is true to the best of my knowledge.

\_\_\_\_\_  
Pool Owners Signature    (required)      \_\_\_\_\_    Print Name      \_\_\_\_\_    Date

\_\_\_\_\_  
Preparers Signature    (If different than pool owner)      \_\_\_\_\_    Print Name      \_\_\_\_\_    Date

This area for Department use only

Calculated Flow Rate Through Main Drain Cover \_\_\_\_\_fps      Complies With State Sanitary Code Subpart 6.1      Yes ☐    No ☐

Reviewer \_\_\_\_\_